rysm,"—"dilatations either in the form of pouching, or distinct circumscribed sacculated projections"—the proportion of syphilitic subjects rose in 49 cases to 67 per cent.

The relative frequency of the regional site of aortic aneurysm he gives as embracing the arch, 63.3, the descending thoracic, 16.6, and the abdominal, 20 per cent. His conclusions as to causation are, that the lesion of the aortic walls, characterised by a specific fibroid growth, which, disintegrating, tends to produce dilatation and aneurysm, is, in the majority of cases, dependent upon syphilis, and, in a minor number of cases, on rheumatism and alcoholism, as exciting agencies; while, on the other hand, simple valve-lesions present the following associations in order of frequency; rheumatism, malarial poison, dysentery, and syphilis.

Aneurysm of arteries is not a subject which can be profitably reviewed here. The deaths and invaliding show a great diminution after 1869, corresponding with a rise in aneurysm of the aorta; no doubt, the introduction of the nomenclature in that year bringing about greater accuracy in the localisation of disease, and in its entry under appropriate terms. The reports, however, have never carried out the classification farther than the two headings, aneurysm of the aorta and aneurysm, and from 1874 all are merged into systemic groups.

Diseases of the veins are of little interest, except as a cause of invaliding, occasioned by varix. With the short service system now in force, and the careful selection of sound recruits, the invaliding-rate may be expected to fall from 0.61, which it was for the decennium, to 0.27, at which it stood in 1871, when the invaliding was under 50 for the whole army for this affection.

In the course of these remarks, frequent reference has been made to syphilis as the starting-point of organic lesions of the vessels. In conclusion, and in reference to recent retrograde action on the Contagious Diseases Prevention Act, it may be inquired: Has syphilis shown any marked decline in the army in recent years?

The earlier volumes of the statistical records give the combined admissions for primary and secondary syphilis in the United Kingdom, per 1,000 of mean strength, as stated:

In 1861	209.8	Average of the four years, 167.9.
,, 1864	168.5	
,, 1866	139.6	
,, 1867	153.8	

The last four volumes of the records present the following figures as admission-rates:

	Syph. Prim.	Syph. Sec.	Combined Total.	
1877 ...	48.8 ...	23.8 ...	72.6	Diminution, 73.1
1878 ...	60.7 ...	27.3 ...	88.0	
1879 ...	63.4 ...	29.0 ...	92.4	
1880 ...	95.8 ...	30.5 ...	126.3	
Average of 4 years	67.2	27.6	94.8	

If the admissions for primary venereal sores are taken only at the 14 stations protected by the Acts, where fully half the home force is aggregated, the last four years give respectively an admission-rate of 35, 40, 47, and 74, or an average of 49; while the 14 large unprotected stations give an average of 124.

From the point of view of the soldier's efficiency, more particularly looking at his liability to contract organic vascular lesions of a directly fatal tendency, the upholding of these Acts by the national voice appears a duty. It is equally so, if consideration be given to his return to civil life, from loss of health contracted in the period of his service.

The diminution of syphilis on foreign stations, if we judge by India and the Mediterranean, is not so striking in recent years. Taking the years 1860-68, the annual average admission-rates for the combined syphilitic group were, for Bengal, 121.1; Bombay, 120.1; Madras, 129.0. While for 1877-80, it was, for Bengal, 104.6; Bombay, 108.4; Madras, 128.6.

In the Mediterranean garrisons, taking the years 1859-68, it was, for Gibraltar, 77.4; Malta, 31.5; while for 1877-80, it was, for Gibraltar, 52.6; Malta, 30.9.

A paper based mainly upon statistics, is apt to be considered rather from the auditor's than the writer's sense of patience. I have tried to fulfil my intention at the starting-point, and must claim indulgence for prolixity, in the hope that something suggestive may have been touched on. There is too much inexplicableness about palpitation and its closely allied abnormal organic changes affecting particular regiments only. There would seem a combination of causes at work; and in immature soldiers the desire to get off irksome drill, by the getting up of a special symptom, easily induced by excessive smoking and kindred indulgencies, some of which border on hysteria, should not be lost sight of. It is not all the drill-sergeant.

The following is a summary of the incidence of diseases of the vascular system, during a four and a half year's charge of a Highland regiment at Gibraltar.

The regiment, as a body, was young and immature on arrival, with a modicum of seasoned soldiers who had been in India, and, during three years at home, drank pretty heavily. At Gibraltar, the admissions bearing on this class were—pericarditis, 1; valve-disease, 1; hypertrophy, 3; aneurysm of the abdominal aorta, 2; palpitation, 13; varix, 2. Deaths, none; invalided, 13, or 1 in 7 of the total invalids sent home. The case of pericarditis occurred during treatment for constitutional syphilis; the cases of hypertrophy were, in two instances, of inveterate tipplers, the third was complicated with palpitation and hysteria in a very heavy smoker; the case of valve-disease was double, with hypertrophy and dilatation, in a company's cook, an habitual drunkard; he died at Netley. The aneurysm cases were invalided; one of them was broken down with syphilis and malarial rheumatism; the varix cases were in old soldiers; the palpitation cases were in young soldiers, 7 apparently from inherent debility and climatic causes, all slight; the remaining 6 were in drunkards or masturbators, and some had commencing hypertrophy; all were smokers.

These personal experiences may induce others to put on record a wider study of the etiology of functional diseases of the heart in soldiers, which seem at present to cause an amount of inefficiency disproportionate to tangible morbific influences.

GALIUM APARINE AS A REMEDY FOR CHRONIC ULCERS.

By F. J. B. QUINLAN, M.D.Dubl., F.K.Q.C.P.,
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FEW of those connected with the admission of patients into hospital fail to observe the number of applicants suffering from chronic ulcers, principally of the legs; and in some institutions there appears to be a tacit rule against their admission. When admitted, especially if old and broken-down persons, they frequently occupy a bed for months, to the exclusion of relievable sufferers, and sometimes with unsatisfactory results. The great difficulty in treatment seems the impossibility of maintaining permanent healthy granular action; and strapping, sponge-grafting, skin-grafting, and the application of irritants, such as mercuric oxide, silver nitrate, or cupric sulphate, are often tried in vain. I would wish to mention a remedy new to me, and which proved successful when all the above well-known methods had entirely failed.

Immediately after the publication in the JOURNAL of January last of a note upon a pulmonary remedial simple, I received letters from several parts of the United Kingdom, recommending me to try the effects of the galium aparine in the treatment of chronic ulcers—a recommendation which I was unable to adopt, for the sufficient reason that the plant was then nowhere to be obtained. I made a note of the matter, and a suitable opportunity for trial presented itself in due time.

The galium aparine is a wild annual belonging to the natural order *Rubiaceæ*, and is described in Sowerby's *British Botany*, vol. iv, pp. 225-6. An excellent coloured illustration is given in the appendix of the same volume, plate 658. It is a well-known weed, found in the hedges in every part of the United Kingdom, and of Northern Europe. It runs to from two to four feet in length, and has a succulent square stem covered with prickles, which can be felt by drawing the finger and thumb along the stalk in the upward direction. This circumstance causes it to adhere to the clothes of passers-by, and has procured for it in some places the name of "cleavers," or "catchweed." Its more usual name in England is "goosegrass;" in Ireland, it has the peculiar designation of "robin run the hedge," arising from the way in which it spreads; in France, it is called "gaillet gratoron;" in Germany, "Kletterndes Labkraut." In this country, it appears from about the beginning of May till the end of autumn.

Cornelius C., aged 74, from Clonmel, a very tall, weak, and worn-out old man, applied for admission to St. Vincent's Hospital on the 8th of February last. He suffered from enormous ulcers of both legs; that on the right being eight inches and a half long, and extending nearly round the whole limb; and that on the left being little smaller. He had just come out of another Dublin hospital, where he had been for four months under the care of a very eminent medical man, and with no good result. A more unpromising case of

such ulceration could not be imagined, and few hospitals would entertain the idea of receiving him. He was, however, admitted at the request of a very valued friend of the institution, who represented that he had come a long way from home in the hope of relief. Strapping being plainly out of the question, from the size of the ulcers and the low vitality of the surrounding skin, I grafted the entire surfaces with layers of sponge. This process went on in the usual manner, and left a healthy surface; the granulations of which, however, soon died away, and could not be kept up. Skin-grafting failed utterly.

We had now come nearly to the end of April, and our failure in this case was as complete as that of our sister hospital. It appeared to me that now was the time to try the galium aparine, which was beginning to peep out in all the hedgerows about Dublin. Here I must tender my acknowledgments of the zeal and energy of the members of my clinical class, who were untiring in their efforts to collect this herb, which was not to be had of any of the herbalists. An ample supply for this and other less severe cases has since been kept up, and it has been used with the most marked success in the following manner.

Grasping in the left hand a bundle of ten or twelve stalks, with a scissors held in the right hand, the bundle is cut into junks about half an inch long. These are thrown into a mortar, and pounded into a paste. This paste, which has an acrid taste and slightly acrid smell, is made up into a large poultice, applied to the ulcer, and secured with a bandage. It is renewed three times a day. Its action appears to be a slight steady stimulant, and powerful promoter of healthy granulation. Its effect in this most unhopeful case was decisive and plain to all. Healthy action ensued, and has since steadily continued; and, after a month of treatment, both ulcers have been reduced to considerably less than half their original size. If this action continue, which I have no reason to doubt, the cure will be accomplished within a measurable and short period. The patient is in the ward, and anyone can see the great amount of new dermatisation which has been effected during the month.

I could give several other cases not so striking as the above, but it would be mere repetition. Of one, however, I would wish to make brief mention.

Mary G., aged 34, was in a very advanced stage of pulmonary consumption, with great wasting and emaciation. Severe lesions of the left lung compelled her to lie always on her right side; and, as a result, she got bed-sores on the right shoulder and on the right trochanter. In addition to a large water-bed, I dressed both bed-sores with the galium pulp. The application was found most grateful and soothing, and rapidly healed the bed-sores. She is still alive, though passing rapidly away. She does not, however, suffer from the sores; and I have had some other instances of the same kind. As far as chronic ulcers are concerned, the application suits best in the indolent or in the healthy states. In irritable ulcers, its stimulating property causes pain. In such cases, it is necessary to reduce the irritability by poultices, iodoform, or other well-known remedies, before beginning the galium.

My reason for putting forward this remedy so soon is, that now is the time to try it. It is growing freely in almost every hedge, and can be got in any quantity during the rest of the season.

A difficulty at once suggests itself as to its general employment; viz., that in winter and spring it is not to be had at all. It appears to me that this difficulty can be effectually met by the method of ensilage, by means of which green food for cattle has for the last few years been kept perfectly sweet and fresh by burying it in silos under the ground. This plan is generally known, but all particulars about it can be learned in the pamphlet of Mr. Thomas Christy, F.L.S. (Christy and Co., 155, Fenchurch Street, London, E.C.). In the case of the galium, the process would consist of cutting the herb very fine, ramming it down by screw-pressure into a glazed earthenware jar with an air-tight cover, and burying it in the ground. Thus secured from air, moisture, and heat, it would be likely to keep through the winter. One of my pupils, Mr. M. Pierce, has already laid it thus down, and will report the result to me.* This plan, if successful, might be extended to other pharmaceutical herbs; for I have always had the idea that green herbs are more powerful than dried ones. Indeed, the late Mr. Donovan of this city used to maintain that, to make tincture of digitalis properly, the alcohol should be brought to where the foxglove was growing, and the live plant plunged into it.

Many virtues are attributed to the galium by old writers; but I have not been able to find any allusion to its employment in the treatment of ulcers. Linnæus mentions that in Sweden the shepherds use its stalks for straining milk—a fact also stated by Dioscorides. Its roots form a nice red dye. These are the only usesthat I have been able to ascertain in regard to it in the books at my disposal.

* The first jar was taken up on June 7th, after being buried for one month. The pulp was perfectly fresh and sweet.

CASE OF PERICARDITIS, WITH EFFUSION.

By JOHN W. MARTIN, M.D., Sheffield.

THE following case is a good example of the insidious and unsuspected onset of pericarditis, accompanied by effusions into the pericardial sac.

CASE. *Insidious Onset: Slight Preceding Muscular Rheumatism in the Right Arm and Shoulder: Dyspnœa: Orthopnœa: Assigned Cause, the House Cellar-Floor constantly covered with Water: Patient not Intemperate, but accustomed to take Five or Six Glasses of Beer, and One or Two of Spirits, a day: Treatment: Result.* —H. G. B., aged 29, residing in Sheffield, formerly a wine and spirit merchant, and, for the three months previously to my seeing him, occupied as traveller for a brewery, came under my care on January 5th, 1883. He was a large, well made, well developed, and well nourished man. He had always been accustomed to live well, and to take beer and spirits, but never to actual excess, as far as intemperance was concerned. For the time he had been engaged in travelling, partly in the way of business, he had been taking from five to six glasses of beer, and one or two glasses of spirits, on an average, a day. There was no family history of rheumatism, as far as the patient knew. He had always been strong and healthy. He changed his residence about three weeks previously to my visit. His former house was very damp, the floor of the cellar being almost always three or four inches under water, no drains existing to carry the water off. Before leaving it, he felt the present attack commence, the only symptoms being a dry troublesome cough and dyspnœa. Before the onset of these symptoms, he had slight pains in the muscles of the right shoulder and arm, but only very slight indeed, and attributed by him to holding his whip when driving. These pains were intermittent. He never had any joint-affection. The dyspnœa gradually increased to orthopnœa. For the ten days before my seeing him, he had not been able to lie down; and, for the last four or five nights, he could only get snatches of sleep of from twenty minutes to half an hour at the time.

When seen, his face presented a dusky, bloated, and congested appearance; the conjunctivæ were injected, causing the eyes to look red and ferrety. The veins of the neck were full and prominent, not extraordinarily so, but to a noticeable degree. The expression of the face was anxious and distressed. He complained chiefly of the shortness of his breath, and the troublesomeness of his cough, but did not complain of any actual pain. He seemed to think that his attack was one of bronchitis and congestion of the lungs, and had been diligently taking a mixture from a herbalist in Sheffield, each dose of which sickened him considerably, and gave him considerable distress, without proving in the slightest degree beneficial to the symptoms in the way of giving relief. Careful percussion and auscultation of the lungs failed to elicit any positive symptom of their being engaged. At the same time, so well nourished was the patient, and so abundant was his covering of adipose tissue, that I would not like to be positive as to there being no deeply seated congestion; but I could obtain no exact evidence of it.

Examining into the condition of the heart, I found slight tenderness, increased by percussion over it. The impulse was very weak, but there was no displacement of the apex-beat. The area of cardiac dulness was largely increased, measuring five inches in the vertical direction from the upper border of the fourth rib on the left side, and six and a half inches in the horizontal, from the midsternum, over towards the left side, on a level with the sixth rib. There was no thrill felt on placing the hand over the heart. The first sound could not be heard; the second was heard very faintly towards the base of the heart, on a level with the second intercostal space.

Over the whole surface of the heart, and well round into the axilla, a well marked double friction-murmur was heard, faint towards the apex, loud and rasping at the base. I could not detect any endocardial murmur. The pulse was 104, weak, with a slight thrill in it; no irregularity or intermittency. Temperature 98.4°; tongue clean; liver normal; bowels regular; felt a desire for food, but had an uncomfortable sense of fulness after meals. He was passing thirty ounces of urine daily, highly coloured, at present clear, but a little time before depositing lithates freely. It contained no sugar nor albumen. No casts